

PEDIATRIC EMERGENCIES - SVT

1109

SVT [SUPRAVENTRICULAR TACHYCARDIA]. Includes PAT, Atrial Flutter, Atrial Fibrillation with rapid ventricular response rate usually > 220 in infants, > 180 in children.

Basic Life Support

1. Maintain airway.
2. Oxygen:
 - 2a. 15 LPM of 100% oxygen via non-rebreather mask.
 - 2b. Assist ventilation with 100% oxygen and Bag Valve Mask, if necessary.
3. Monitor vital signs, including Pulse Ox if available.
4. Call for ALS backup if available.
5. Transport ASAP.

Advanced Life Support

1. Monitor vital signs, cardiac monitor, and Pulse Ox.
2. Intubate, if necessary.
3. IV or IO Normal Saline, LR KVO, consider bolus 20 cc/kg.
4. Contact MCP. Transport ASAP.
5. If patient is hemodynamically unstable: Consider vagal maneuvers such as ice to face. Do not delay cardioversion to start IV/IO.
 - A. If IV or IO access in place, give Adenosine 0.1 to 0.2mg/kg, followed by rapid bolus of 5 to 10 cc Normal Saline. If unsuccessful, double the first dose. Maximum initial dose 6mg.
 - B. Cardiovert @ 0.5-1.0 J/kg per MCP orders only. If SVT persists, may repeat @ 2 J/kg per MCP orders only.
 - C. Consider sedation with Diazepam [valium] 0.1mg/kg slow IV or IO per MCP orders only. (Maximum individual dose is 5 mg; may repeat x 1) *
6. Contact MCP for further orders.

Key Points/Considerations

Hemodynamically unstable changes mental status, skin perfusion, delays cap refill.

* May substitute Ativan 0.1 mg/kg slow IV/IO (maximum individual dose is 2 mg).

* May substitute Versed 0.1 mg/kg slow IV/IO (maximum individual dose is 2 mg).

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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